DATA FORM GUIDANCE

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The following instructions are intended to assist permit applicants on the completion of District forms. Use blue or black ink to complete the forms. Click on the desired items below to find the instructions for each form:

FORMS
P101B
A
C
CD
F
FF
G
ICE
P
HRSA
S
SC
SS
T

FORM P101B	ONE completed P101-B is required per permit application.
DATA FORM FIELD	**SPECIFIC LINE INSTRUCTIONS**
Application Information	
Plant No.	Enter plant number. Leave blank, if unknown – District will fill in.
NAICS	Enter North American Industrial Classification Series. Leave blank, if unknown – District will fill in.
Business Name	Enter name of business.
Equipment Description	Enter a brief summary of the permit(s) being requested.
Accelerated Permitting Program	Check box, if you qualify for the District's Accelerated Permitting Program (see reverse of form for criteria).
Portable Equipment	Check box, if you are applying for a portable equipment permit, in accordance with Regulation 2-1-220.
New Plant Information	**If the District has not previously assigned a plant number or if existing plant data requires updating, please complete this section.**
Plant Address	Enter street address where equipment or operations is to be located.
City	Enter city where equipment or operations is to be located.
State	Enter CA (for California).
Zip	Enter zip code where equipment or operations is to be located.
Mailing Address	Enter mailing street address of facility contact. If same as plant address, leave blank.
City	Enter city of facility contact. If same as plant address, leave blank.
State	Enter state of facility contact. If same as plant address, leave blank.
Zip	Enter zip code of facility contact. If same as plant address, leave blank.
Plant Contact	Enter name of facility contact.
Title	Enter title of facility contact.
Telephone	Enter telephone number of facility contact.
Fax	Enter fax number of facility contact, if any.
E-mail Address	Enter e-mail address of facility contact, if any.
Application Contact Information	**Fill out this section only if it is application contact is different than facility contact. Note that all correspondence regarding this application will be sent to the plant contact person unless this section is filled in. However, all issued permits will be sent to facility contact.**
Application Contact	Enter name of application contact.
Title/Company	Enter title of application contact.
Mailing Address	Enter mailing street address of application contact.
City	Enter city of application contact.
Telephone	Enter telephone number of application contact.
Fax	Enter fax number of application contact.
E-mail Address	Enter e-mail address of application contact.
Small Business Certification	**Fill out this section only if you meet the qualification listed. Make sure to check all the boxes, sign and date this section, if you want to qualify as a District-defined Small Business.**
Accelerated Permitting Program	**Fill out this section only if you meet the qualifications listed. Make sure to check all the boxes, sign and date this section, if you want to certify that you meet the qualifications.**

FORM P101B	ONE completed P101-B is required per permit application.
DATA FORM FIELD	**SPECIFIC LINE INSTRUCTIONS**
All Applications	**In general, the District recommends that the applicant provide the additional information indicated in this section of the form. Make sure to:** **1. Indicate additional information that is provided;** **2. Indicate whether the sources in the permit application ARE or ARE NOT within 1,000 feet of the outer boundary of the nearest school;** **3. Indicate NO or YES and by whom if an Environmental Impact Report other California Environmental Quality Act document has been prepared; and** **4. Sign and date this section.**

FORM A	**ABATEMENT DEVICE**	This form should be completed for each abatement device, which is used to abate the emissions of a source that requires a permit. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of the page.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
Line 1	Business Name	Enter name of business.
	Plant No.	Enter plant number, if known.
Line 2	Name or Description	Enter name or description of abatement device.
	Abatement Device	Enter abatement device number. The applicant may number the abatement device any number of their choosing as long as it is entirely numerical. If this field is left blank, the District will assign an abatement device number.
Line 3	Make, Model, and Rated Capacity	Enter make, model, and rated capacity of abatement device.
Line 4.	Abatement Device Code	Using the table on the second page of Form A, enter the abatement device codes.
	Date of Initial Operation	Enter Date of Initial Operation. If abatement device not yet in operation, then enter desired start-up date or ASAP. Only a proper date such as 05/25/2005 can be used. A date such as late 1996 should be changed to 11/1/1996.
Line 5.	With regard to air pollutant flow into this abatement device, what source(s) and/or abatement device(s) are immediately upstream?	Enter the source(s) and/or abatement device(s) that are to be abated by this abatement device.
Line 6.	Typical gas temperature at inlet (^{o}F)	Enter the typical inlet temperature into the abatement device. Provide your best guess or estimate on this value.
Line 7 through 13	Weight Percent Reduction & Basis Code	Enter your best guess or estimate of the abatement efficiency of the abatement device. This field should be completed or else this abatement device is assumed to have no abatement efficiency. Make sure to provide documentation from the manufacturer to support the abatement device indicated.
Line 14	Check box if this Abatement Device burns fuel; complete lines 1, 2, and 15-36 on Form C (using the Abatement Device No. above for the Source No.) and attach to this form.	Check the box, only if this abatement device burns fuel. If this box is checked, make sure to complete Form C and complete lines 1, 2, and 15 through 36 (using the same abatement device number indicated in Line 2 above) and attach this Form A with it.
Line 15	With regard to air pollutant flow from this abatement device, what source(s), abatement device(s) and/or emission point(s) are immediately downstream?	Enter the source(s), abatement device(s), and/or emission points that this abatement devices exhaust to.

FORM C	**Fuel Combustion Source**	This form should be completed for each fuel combustion source. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of the page.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
1	Company Name	Enter name of business.
	Plant No.	Enter plant number, if known.
	Source No.	Enter source number.
2	Equipment Name & Number, or Description	Enter Equipment Name and Model, or Description of Fuel Combustion Source.
3	Make, Model	Enter the make and model of the equipment.
4	Date of modification or initial operation	Enter date of the modification or initial operation of the source. If unknown, leave blank.
5	SIC No.	Enter Standard Industrial Code.
7.	Equipment type	Indicate by checking the box what the equipment type. (Check only one item.)
8	Overfire air?	Indicate yes or no to this question. If yes, indicate the percent of overfired air.
9	Fuel gas recirculation?	Indicate yes or no to this question. If yes, indicate the percent of fuel gas recirculation.
10	Air preheat?	Indicate yes or no to this question.
11	Low NOx burners?	Indicate yes or no to this question.
12	Maximum flame temperature	Enter the maximum flame temperature in ^{o}F.
13	Combustion products	Enter the exhaust wet gas flowrate in acfm and the temperature in ^{o}F.
14	Typical operating time	Enter the operating hours per day, days per week, and weeks per year.
15	Typical % of total annual usage (%)	Enter the percentage of usage between December through February, March through May, June through August, and September through November. The range of acceptable percentages is between 0 and 25.
16	With regard to air pollutant flow into this source, what source(s), abatement device(s) and/or emission points are immediately downstream?	Enter the source(s), abatement device(s) and/or emission points that are to be vented from this source.
	SECTION A	Complete one line in Section A for each fuel used. Please use the units at the bottom of each table. N/A means “Not Applicable”
	SECTION B	Section B is OPTIONAL.

FORM CD	COATER DATA WORKSHEET	This form should be completed for each coating source or grouping of coating sources. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
1	Business Name	Enter name of business.
2	Make, Model, and Rated Capacity of Equipment	Enter make, model, and rated capacity of equipment.
3	Year equipment was installed	Enter date equipment was installed. If not yet installed, indicate so.
4	Typical operating time	Enter the operating hours per day, days per week, and weeks per year.
5	Description of typical products coated	Enter description of typical products coated.
6	Items Coated	Indicate by checking boxes whether metal, plastic, or wood is coated. Check all that apply.
7 through 11	Type of Coater	Indicate by checking box whether the source is a Spray Booth, Roller Coater, Flow Coater, Dipping operation, or other. If other, fill in the blank to indicate what other is.
12 through 17	Spraying Method	Indicate by checking box whether the spraying method is air-atomized, air-assisted, airless, electrostatic (air atomized, airless, disc), HVLP, or other. If other, fill in the blanks to indicate what others is.
18	Drying Method – Air Dried	If the drying method is air dried, check the box and skip lines 19 and 20.
19.	Drying/Curing Oven	
	Electric/Infrared	Enter the make, model, and BTU/hr rating, if Electric/Infrared Oven is used.
	Gas fired	Enter the make, model, and BTU/hr rating, if Gas fired oven is used.
20	If more than one oven is associated with this coating source, please indicate how many, and provide a description for each	Fill in this blank, if applicable.
	Coating Usage Table	List the names, makers, and product codes of your most commonly used coatings. Please estimate the maximum annual use of each coating as applied (coating + thinner) in gallons. In the next column, enter your normal mix ratio in parts paint to parts thinner. And the VOC Content (lb/gal), if known. If you need more space, please continue on a sheet of paper. Provide copies of the Material Safety Data Sheets for these listed coatings and thinners.
	Total maximum usage of all coatings (gal/yr)	Enter the total number of gallons of all paints used in one year in this blank space below as an estimate your maximum annual coating usage. Your permit will be restricted to this level, so you may want to overestimate to allow for some growth.

FORM CD	**COATER DATA WORKSHEET**	This form should be completed for each coating source or grouping of coating sources. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
	Maximum cleanup solvent use (gal/yr)	Estimate the maximum amount of solvent you use to clean your coating equipment. Provide copies of the Material Safety Data Sheets for these listed cleanup solvent.
	Type of cleanup solvent used	Enter the type of cleanup solvent used. Provide copies of the Material Safety Data Sheets for these listed cleanup solvent.

FORM F	**Semiconductor Manufacturing Area**	This form should be completed for each semiconductor manufacturing operation (one cleanroom environment). Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 1 of this two-page form. POLICY MEMO

1. Complete Lines 1, 2, 3, 5, and 6 of Data Form F.
2. Add Acetone usages indicated in Part A, Section 1 (Solvent Sinks), Section 2 (Solvent Spray Stations), Section 3 (Solvent Vapor Stations), and Section 4 (Wipe Cleaning Operation) together and input that quantity on the Acetone blank on Data Form F.
3. Repeat Step 1 for Butyl Acetate, Chloroflurocarbons, Ethyl Acetate, Ethylene Glycol, Hexamethyldisilazane, Isopropyl Alcohol (IPA), Methanol, Methyl Ethyl Ketone (MEK), Methylene Chloride, Trichloroethane, Trichloroethylene, Toluene, Xylene, and Phenol.
4. Add the usages of Solvent Mixtures indicated in Part A, Section 1 (Solvent Sinks) and Section 2 (Solvent Spray Stations) together and input that quantity on the Stripper blank on Data Form F (no trade names or material code need be specified).
5. Add the usages of Solvent Mixtures indicated in Part A, Section 3 (Solvent Vapor Stations) and Section 4 (Wipe Cleaning Operations) together and input that quantity on the Other blank on Data Form F (no material code need be specified).
6. Transpose all data from Part B, Section 1 (Coating Operations) to Maskant # 1, 2, and/or 3 blanks on Data Form F. Use the Material Safety Data Sheets to complete the composition blanks of Data Form F.
7. If Solvent-Based Developer usage is indicated, check “negative” for Photoresist Operations in Data Form F.
8. If no Solvent-Based Developer usage is indicated, check “positive” for Photoresist Operations in Data Form F.
9. Transpose all data from Part B, Section 2 (Solvent-Based Developer) to Developer # 1, 2, and/or 3 blanks on Data Form F. Use the Material Safety Data Sheets to complete the composition blanks of Data Form F.
10. Transpose Ammonia usage from Part C, Section 1 (Inorganic Liquids) to Aqueous Ammonia blank in Data Form F.
11. Transpose Hydrochloric Acid usage from Part C, Section 1 (Inorganic Liquids) to Aqueous Hydrochloric blank in Data Form F.
12. Transpose Hydrofluoric Acid usage from Part C, Section 1 (Inorganic Liquids) to Aqueous Hydrofluoric Acid blank in Data Form F.
13. Transpose Nitric Acid usage from Part C, Section 1 (Inorganic Liquids) to Nitric Acid usage blank in Data Form F.
14. Transpose Arsine usage from Part C, Section 2 (Organic and/or Inorganic Gases) to Arsine usage blank in Data Form F.
15. Transpose Phosphine usage from Part C, Section 2 (Organic and/or Inorganic Gases) to Phosphine usage blank in Data Form F.
16. Add remaining gases (other than Arsine and Phospine) usages indicated in Part C, Section 2 (Organic and/or Inorganic Gases) together and input that quantity on the Other Dopant gases blank in Data Form F.
17. Add all precursor solvents and solvent mixtures indicated in Part B, Section 3 (Other Miscellaneous Solvent Usage) together and input to the Other Organics (precursor) blank on Data Form F.
18. Add all non-precursor solvents and solvent mixtures indicated in Part B, Section 3 (Other Miscellaneous Solvent Usage) together and input to the Other Organics (non-precursor) blank on Data Form F.

FORM FF	**Semiconductor Manufacturing Operations**	This form should be completed for each semiconductor manufacturing operation (one cleanroom environment). Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 1 of this two-page form.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
	Plant No.	Enter plant number, if known.
	Business Name	Enter name of business.
	Source No.	Enter source number.
	Source Description	Enter source description.
	Initial Date of Operation	Enter date of initial operation of equipment. If source is not yet in operation, indicate desired startup date or "ASAP" (as soon as possible). Only a proper date such as 05/25/2005 can be used. A date such as late 1996 should be changed to 11/1/1996.
Part A – Solvent Cleaning Operations	1. Solvent Sinks 2. Solvent Spray Stations 3. Solvent Vapor Stations 4. Wipe Cleaning Operations	Maximum annual throughput is the amount of material that will appear as a permit condition limit. The usage limit should be set high enough so that it is not likely to be exceeded while taking into consideration District BACT, offset, and toxics requirements. Enter material code for type of solvent, if known. Make sure to include Material Safety Data Sheets for solvent mixtures.
Part B – Coating Operations	1. Photoresist 2. Solvent-Based Developer 3. Other Miscellaneous Solvent Usage	Maximum annual throughput is the amount of material that will appear as a permit condition limit. The usage limit should be set high enough so that it is not likely to be exceeded while taking into consideration District BACT, offset, and toxics requirements. Enter material code for type of solvent, if known. Make sure to include Material Safety Data Sheets for compounds.
Part C – Other Operations Involving Materials That Are Toxic	1. Inorganic Liquids 2. Organic and/or Inorganic Gases	Maximum annual throughput is the amount of material that will appear as a permit condition limit. The usage limit should be set high enough so that it is not likely to be exceeded while taking into consideration District BACT, offset, and toxics requirements. Enter material code for type of solvent, if known.
	Compliance Determination Worksheet	Completion required for those sections that exist in fab area source.

FORM G	**General Air Pollution Source**	This form should be completed for each source. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of the page.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
1	Business Name	Enter name of business.
	Plant No.	Enter plant number, if known.
2	SIC No.	Enter Standard Industrial Code.
	Date of Initial Operation (new)	Enter date of initial operation of equipment. If source is not yet in operation, indicate desired startup date or "ASAP" (as soon as possible).
3	Name or Description	Enter name or description of source.
	Source No.	Enter source number. If this is a new source, the applicant may select a number of their choosing. If this is for a modification of an existing source, write in the assigned source number.
4	Make, Model, and Rated Capacity of Equipment	Enter make, model, and rated capacity of equipment.
5	Process Code	Enter Process Code (see Tables G-1 through G-7).
	Material Code	Enter Material Code.
	Usage Unit	Enter usage unit (see Material Code table for usage unit).
6	Total throughput, last 12 months	Enter MAXIMUM projected, annual total throughput in the usage unit indicated in Line 5.
	Maximum operating rate	Enter the MAXIMUM operating rate per usage unit indicated in Line 5.
7	Typical % of total annual usage (%)	Enter the percentage of usage between December through February, March through May, June through August, and September through November. The range of acceptable percentages is between 0 and 25.
8	Typical operating time	Enter the operating hours per day, days per week, and weeks per year.
9	For batch or cyclic processes	If applicable, enter the minutes per cycle and the minutes between cycles.
10	Exhaust gases from source	If available, enter the exhaust wet gas flowrate in cubic feet per minute and the flowrate temperature.
	Approximate water vapor content	If available, enter the volume % of water vapor content.
	EMISSION FACTORS	If known (by applicant), enter the emission factor and basis codes (see second page of G form for basis codes) for the pollutant, if it is emitted from the source. DO NOT CHECK THE BOX and enter all emission factors prior to any abatement.
11	Particulate	
12	Organics	
13	Nitrogen Oxides (as NO_2)	
14	Sulfur Dioxide	
15	Carbon Monoxide	
16	Other	If applicable, fill in what Other is.
17	Other	If applicable, fill in what Other is.

FORM G	**General Air Pollution Source**	This form should be completed for each source. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of the page.
18	With regard to air pollutant flow into this source, what source(s), abatement device(s) and/or emission points are immediately downstream?	Enter the source(s), abatement device(s) and/or emission points that are to be vented from this source.

FORM ICE	**Internal Combustion Engines**	This form should be completed for each internal combustion engine. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 2 of this two-page form.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
1	**SUMMARY**	**Check the box that applies to the engine:** **New Construction – engine installed or to be installed on or after September 1, 2001;** **Modification – changes to engine which already has a District permit;** **Loss of Exemption – engine installed before September 1, 2001.**
	Company Name	Enter name of business.
	Plant No.	Enter plant number, if known.
	Source Description	Enter source description.
	Source No.	Enter source number.
	Initial Date of Operation	Enter date of initial operation of equipment. If source is not yet in operation, indicate desired startup date or "ASAP" (as soon as possible). Only a proper date such as 05/25/2005 can be used. A date such as late 1996 should be changed to 11/1/1996.
	Operating Schedule	Should give the total number of hours allowed for testing. For example, 20 hours could be represented as 1 hr per day, 1 day per week, 20 weeks per year.
2	**ENGINE INFORMATION**	**Check the box if the engine is portable as defined by Regulation 2-1-413.**
	Engine Type	Check the box that applies. 4 cycle is the same as 4 stroke. Most engines are 4 stroke but there are a small number of 2 stroke in use.
	Engine Manufacturer	Enter the engine manufacturer and not the generator set manufacturer.
	EPA/CARB Engine Family Name	Should be entered for any engine later than the year 2000. Could be found on the ARB website (http://www.arb.ca.gov/msprof/offroad/cert/cert.php).
	Engine Displacement	Enter the engine displacement in cubic inches.
	Maximum rated output (bhp)	Enter the maximum rated output in brake horsepower. The engine displacement in cubic inches is greater than the maximum rated output in bhp.
	Typical load as % of bhp rating	Enter typical load as percentage of brake horsepower.
	Is this an emergency/standby engine?	Check the box that applies.
	Certification	Check the box that applies. If "None" is checked, please further check the box that applies. In general, diesel engines are lean-burn.
	Primary Use	Check the box that applies. If "Other" is checked, please fill out blank with what the "Other" is.
3.	**ABATEMENT DEVICE INFORMATION**	**Complete this section only if the engine exhausts to an add-on abatement device. Check the box if the engine has more than one add-on abatement device and complete a separate Form A for the additional abatement devices.**

FORM ICE	**Internal Combustion Engines**	This form should be completed for each internal combustion engine. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 2 of this two-page form.
	Abatement device number	Enter abatement device number. The applicant may number the abatement device any number of their choosing as long as it is entirely numerical. If this field is left blank, the District will assign an abatement device number.
	Device type	Check the box that applies. If "Other" is checked, please fill out blank with what the "Other" is.
	Make, Model, and Rated Capacity	Enter make, model, and rated capacity of abatement device.
	Abatement device control efficiencies at typical operation	Fill in with known data. Use the basis codes listed. In unknown, leave blank.
4	**EMISSION POINT/STACK INFORMATION**	**Check the box if the engine has more than one stack or has a continuous pollutant emission monitor and complete a separate Form P for the additional stacks.**
	Emission point number	Enter emission point number, if known. Check box that applies if it is a new or existing emission point. An existing emission point is that which the information is already been processed in a prior permit application.
	Stack outlet height from ground level	Enter outlet height from ground level in feet.
	Diameter of stack outlet or Outlet cross-section area	Enter diameter of stack outlet in feet or outlet cross – section area in square inches.
	Direction of outlet	Check box that applies to indicate whether outlet direction is horizontal or vertical.
	Exhaust rate at typical operation or Exhaust temperature at typical operation	Enter exhaust rate at typical operation in actual cubic feet per minute.
5	**RISK ASSESSMENT INFORMATION**	**Complete this section even if a risk screening may not be required.**
	Distance from engine to the property line of the nearest residence	Enter distance from engine to the property line of the nearest residence in feet or check box if greater than one mile.
	Distance from engine to the property line of the nearest school	Enter distance from engine to the property line of the nearest school in feet or check box if greater than 1000 feet.
	Describe the nearest non-residential, non-school site	Check box that applies. If "Other", make sure to explain what "Other" is.
	Distance from engine to the property line of the nearest non-residential, non-school site	Enter distance from engine to the property line of the nearest non-residential non-school site in feet or check box if greater than one mile.
6	**FUEL DATA**	

FORM ICE	**Internal Combustion Engines**	This form should be completed for each internal combustion engine. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 2 of this two-page form.
	Fuel Code	Enter the fuel code: Diesel Oil (**98**) Fuel Oil No. 2 (**392**) Bio Diesel B100 (**815**) Bio Diesel B20 Blend (**816**) Natural Gas (**189**) Landfill Gas (**511**)
	Name	Enter the name of the fuel.
	Maximum Fuel Usage	Enter the maximum fuel usage. Maximum fuel use rate units: gallons/hr for liquid fuels and SCF/hr for gaseous fuel. SCF = standard cubic foot
	Typical Heat Content	Enter heat content and circle the units. If you are using diesel or natural gas, you may skip this entry. Heat content units: BTU/gallon for liquid fuels, BTU/SCF for gaseous fuels.
	Sulfur Content	Enter sulfur content of fuel. If you are using diesel or natural gas, you may skip this entry. Sulfur content units: weight % for liquid fuels, ppmv for gaseous fuels. (ppmv = parts per million by volume)
	Emission Factors	Enter emission factors in grams/brakehp-hr, lb/gal, lb/therm, or lb/SCF.
7	**CERTIFICATION**	**Sign certification after reviewing statement.**

FORM HRSA	**REQUEST OF INFORMATION** **Risk Screen Analysis**	This form should be completed for each source that emits a Toxic Air Contaminant(s) [or for a group of sources that exhaust through a common volume source). You must provide a plot plan (drawn to scale, if possible) and a local map (aerial photos are recommended, which clearly demonstrate the location of your site, the source(s), property lines, and any surrounding buildings. Label streets, schools, residences, and other businesses. A good source of free aerial photos can be found at Google Maps [Enter the plant address at the "Search the map" box and click on the "Satellite" box, then press on the [Search Map] button.]
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
	Plant Name	Enter name of business.
	Plant No.	Enter plant number, if known.
	Source Description	Enter description of source.
	Source Number	Enter source number, if known.
	Emission Point	Enter emission point, if known.
SECTION A		
1	Does the source exhaust at clearly defined emission point; i.e., a stack or exhaust pipe?	Answer the questions by checking the appropriate box. If the answer is NO, you have finished Section A (the remaining questions in Section A do not apply), go on to Section B.
2-8		If the answer to Line 1 was YES, answer the remaining questions by checking the appropriate boxes or filling the blanks with the answer requested. After completing Line 8, go on to Section B.
SECTION B		
1	Is the emission source located within a building?	Answer the question by checking the appropriate box. If the answer is NO, you have finished Section B (the remaining questions in Section B do not apply), go on to Section C.
2-3		If the answer to Line 1 was YES, answer the remaining questions by checking the appropriate boxes or filling the blanks with the answer requested. After completing Line 3, go on to Section C.
SECTION C		Provide building dimensions. Use Line B1 only for building with source/stack on the roof or with fugitive emissions inside building. Use Lines B2-B9 for buildings within 300 feet which are surrounding the source location. Distances and direction are optional, IF map and/or aerial photo are adequately labeled with the locations of buildings. Make sure to check which units (in feet or in meters). Provide comments in the blank provided for any details that need additional clarification (i.e., list buildings that are co-occupied by your employees and other workers, residents, students, etc.). After completing this section, go on to Section D.

FORM HRSA	**REQUEST OF INFORMATION** **Risk Screen Analysis**	This form should be completed for each source that emits a Toxic Air Contaminant(s) [or for a group of sources that exhaust through a common volume source). You must provide a plot plan (drawn to scale, if possible) and a local map (aerial photos are recommended, which clearly demonstrate the location of your site, the source(s), property lines, and any surrounding buildings. Label streets, schools, residences, and other businesses. A good source of free aerial photos can be found at Google Maps [Enter the plant address at the "Search the map" box and click on the "Satellite" box, then press on the [Search Map] button.]
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
SECTION D		Answer the remaining questions by checking the appropriate boxes or filling the blanks with the answer requested. Indicate on maps or aerial photos the residential and nonresidential areas surrounding the facility.

FORM P	**Emission Point**	This form should be completed for each emission point. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of the page of this one-page form.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
	Business Name	Enter name of business.
	Plant No.	Enter plant number, if known.
	Emission Point No.	Enter emission point number, if known.
	With regard to air pollutant flow into this emission point, what source(s) and/or abatement device(s) are immediately upstream?	Enter the source(s) and/or abatement device(s) that are to be vented to this emission point.
	Exit cross section area	Enter the cross-sectional area in square feet.
	Height above grade.	Enter height above grade in feet.
	Effluent Flow From Stack	
	Actual Wet Gas Flowrate	Enter the actual wet gas flow rate in cubic feet per minute in typical and maximum operating conditions.
	Percent Water Vapor	Enter percent water vapor in typical and maximum operating conditions.
	Temperature	Enter temperature in typical and maximum operating conditions.
	If this stack is equipped to measure (monitor) the emissions of air pollutants	**Only answer the next two questions, if the stack is equipped with a monitor to measure the emissions of air pollutants.**
	Is monitoring continuous?	Answer yes or no, if monitoring is continuous.
	What pollutants are monitored?	Indicate what pollutants are monitored.

FORM S	**Surface Coating/Solvent Source**	This form should be completed for each solvent emitting source. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 1 of this two-page form.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
1	Business Name	Enter name of business.
	Plant No.	Enter plant number, if known.
2	SIC No.	Enter Standard Industrial Code.
	Date of Initial Operation (new)	Enter date of initial operation of equipment. If source is not yet in operation, indicate desired startup date or "ASAP" (as soon as possible).
	Date of start-up (modification)	Enter date of start-up modification.
3	Name or Description	Enter name or description of source.
	Source No.	Enter source number. If this is a new source, the applicant may select a number of their choosing. If this is for a modification of an existing source, write in the assigned source number.
4	Make, Model, and Rated Capacity of Equipment	Enter make, model, and rated capacity of equipment.
5	Operating time	Enter the operating hours per day, days per week, and weeks per year.
6	Typical % of total annual usage (%)	Enter the percentage of usage between December through February, March through May, June through August, and September through November. The range of acceptable percentages is between 0 and 25.
7	Solvent evaporation emissions at this source vented directly to:	Indicate by the checking the applicable box, whether the source is vented to the atmosphere (not through a stack), sources, abatement devices, or emission points.
	Parts A, B, C, D, E, F, G	Indicating by checking ALL applicable box(es) , whether the source is one or more of the following: Part A – coating and graphics art operation; Part B – coating dryer; Part C – solvent cleaner; Part D – graphics art operation; Part E – fiberglass operation; Part F – manufacturer of coatings, solvents, etc; Part G – other solvent uses.
Part A	**Surface Coater**	The applicant may leave this area blank, as long as they have completed a Form CD and provided the material safety data sheets (MSDS) of the coatings and cleanup solvents indicated in Form CD. The District will complete this part for the applicant as long as Form CD and the MSDS's have been provided.
8	Coater type	Indicate by checking applicable type of coater source.
9	If sprayer, check method	Indicate by checking method, the type of sprayer used.

FORM S	**Surface Coating/Solvent Source**	This form should be completed for each solvent emitting source. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 1 of this two-page form.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
10	Does this coater apply only "complying coatings as defined in BAAQMD Regulation 8?	The applicant may leave this question unanswered because this question is outdated and no longer applies.
11	Of the total solvent in the coating(s), what percent evaporates at this source (applicator)? (%)	Enter the total percentage of total solvent emissions evaporated at this source.
12	Check box, if after application, heat is used for drying, baking, curing or polymerizing the coating.	Check box, if applicable.
13	Solvent used for cleanup at this source: Total, last 12 months (gal)	Regardless of what the form states, the blank should be filled with the maximum, annual solvent usage quantity that the applicant would be willing to accept as a potential solvent usage limit.
14	Material code for coating or ink	Enter material code for type of coating applied at this source.
15	Total coating applied, last 12 months (gal)	Regardless of what the form states, the blank should be filled with the maximum, annual coating usage quantity that the applicant would be willing to accept as a potential coating usage limit.
16	Percent solids, by volume (%)	Enter volume percentage of solids in the coating.
17	Percent organic solvent, by volume (%)	Enter the volume percentage of solvent in the coating.
18	Density of organic solvent (lb/gal)	Enter density of solvent in the coating.
19	Largest component of organic solvent (%)	Enter the percentage of the largest component of organic solvent in the coating.
20	Material code of largest component	Enter material code for largest solvent component.
21	2nd largest component (%)	Enter the percentage of the 2nd largest component of organic solvent in the coating.
22	Material code of 2nd largest component	Enter material code for 2nd largest solvent component.
Part B	**Coating Dryer**	
23	Operation	Indicate by checking box, whether the coating dryer is a hot air/gas dryer, coating oven, curing oven, infrared, or other type. If other type, fill in what type of other it is.
24	Temperature (°F)	Indicate temperature of coating dryer.
	Oxygen present	Indicate whether oxygen is present? Check yes or no box.
	Which coating applicator(s)?	Indicate which coating applicator is drying.
Part C	**Solvent Cleaner**	

FORM S	**Surface Coating/Solvent Source**	This form should be completed for each solvent emitting source. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 1 of this two-page form.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
25	Operation	Indicate by checking the box, whether the solvent cleaner is one of the following: Degreaser – cold cleaner, vapor or conveyorized degreaser; Dry Cleaning – used for dry cleaning; OR Other – used for wipe cleaning and other operations. Make sure to fill out blank to indicate what the other operation is.
26	Net solvent usage, total last 12 months (gal)	Regardless of what the form states, the blank should be filled with the maximum, annual solvent usage quantity that the applicant would be willing to accept as a potential solvent usage limit.
27	Is all solvent used in this source "complying" as defined in BAAQMD Regulation 8?	The applicant may leave this question unanswered because this question is outdated and no longer applies.
28	Solvent used most:	
	Material Code	Enter material code for solvent used most.
	Density (lb/gal)	Enter density for solvent used most.
	Percent of Total Used (%)	Enter percentage of solvent that this solvent represents in the total of all solvents used.
29	Solvent used 2nd most	
	Material Code	Enter material code for solvent used 2nd most.
	Density (lb/gal)	Enter density for solvent used 2nd most.
	Percent of Total Used (%)	Enter percentage of solvent that this solvent represents in the total of all solvents used.
Part D	**Printing Press**	
30	Type	Indicate by checking the box whether the printing press is a flexographic, rotogravure, letterpress, lithographic, silk screen, or other. If other, fill out the blank to indicate what other is.
31	Total ink used, last 12 months (in lb or gal or tons)	Regardless of what the form states, the blank should be filled with the maximum, annual ink usage quantity that the applicant would be willing to accept as a potential ink usage limit.
32	Total solvent used for cleanup, etc., last 12 months (gal)	Regardless of what the form states, the blank should be filled with the maximum, annual cleanup solvent usage quantity that the applicant would be willing to accept as a potential solvent usage limit.
	Material Code	Enter material code for solvent used.
Part E	**Fiberglass Operation**	
33	Operation	Check the box to indicate whether it is a fiberglass dip, layup, molding, spray (chopper gun), spray (other), or other type of operation. If other, fill out the blank to indicate what other is.
34	Specify resin used	Enter the resin name.

FORM S	**Surface Coating/Solvent Source**	This form should be completed for each solvent emitting source. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 1 of this two-page form.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
	Total volume used, last 12 months (gal)	Regardless of what the form states, the blank should be filled with the maximum, annual resin usage quantity that the applicant would be willing to accept as a potential resin usage limit.
	Volume percent styrene (%)	Enter the percent styrene in the resin.
	Volume percent other volatile organics (%)	Enter the percent other volatile organics in the resin.
35	Specify Catalyst used	Enter the catalyst name.
	Total volume used, last 12 months (gal)	Regardless of what the form states, the blank should be filled with the maximum, annual catalyst usage quantity that the applicant would be willing to accept as a potential catalyst usage limit.
36	Total solvent used for cleanup, etc., last 12 months (gal)	Regardless of what the form states, the blank should be filled with the maximum, annual cleanup solvent usage quantity that the applicant would be willing to accept as a potential solvent usage limit.
	Material Code	Enter material code for solvent used.
Part F	**Manufacturer of Coatings, Solvents, etc.**	
37	Solvent used for cleanup at this source: Total, last 12 months (gal)	Regardless of what the form states, the blank should be filled with the maximum, annual cleanup solvent usage quantity that the applicant would be willing to accept as a potential solvent usage limit.
	Material Code	Enter material code for solvent used for cleanup.
38	Material manufactured (Material Code)	Enter material code for the material that is manufactured for Highest Production, 2nd Highest Production, and All Remaining Production.
39	Quantity manufactured, last 12 months (1,000 gal)	Regardless of what the form states, the blank should be filled with the maximum, annual quantity of material manufactured that the applicant would be willing to accept as a potential throughput limit manufactured for Highest Production, 2nd Highest Production, and All Remaining Production. Make sure that quantity is indicated per 1,000 gallon.
40	Solvent used (Material Code)	Enter material code for solvent used manufactured for Highest Production, 2nd Highest Production, and All Remaining Production.
41	Solvent evaporated during manufacturing, as volume % of material produced	Enter volume percentage of solvent evaporated during manufacturing compared to the material produced manufactured for Highest Production, 2nd Highest Production, and All Remaining Production.
Part G	**Other Solvent Use**	
42	Solvent evaporated most at this source	
	Material Code	Enter material code for solvent evaporated most.

FORM S	**Surface Coating/Solvent Source**	This form should be completed for each solvent emitting source. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 1 of this two-page form.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
	Total evaporated, last 12 mo. (gal)	Regardless of what the form states, the blank should be filled with the maximum, annual quantity of solvent evaporated most that the applicant would be willing to accept as a potential limit.
43	Solvent evaporated 2nd most at this source	
	Material Code	Enter material code for solvent evaporated 2nd most.
	Total evaporated, last 12 mo. (gal)	Regardless of what the form states, the blank should be filled with the maximum, annual quantity of solvent evaporated 2nd most that the applicant would be willing to accept as a potential limit.

FORM SC	**Solvent Cleaning Operation**	This form should be completed for each solvent cleaning operation source. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 1.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
	SIC Number	Enter Standard Industrial Code.
	Plant No.	Enter plant number, if known.
1	Business Name	Enter name of business.
2	Date of Initial Operation (new)	Enter date of initial operation of equipment. If source is not yet in operation, indicate desired startup date or "ASAP" (as soon as possible).
	Source No.	Enter source number. If this is a new source, the applicant may select a number of their choosing. If this is for a modification of an existing source, write in the assigned source number.
3	Make, Model, and Rated Capacity of Equipment	Enter make, model, and rated capacity of equipment.
4	Operating time	Enter the operating hours per day, days per week, and weeks per year.
5	Typical % of total annual usage (%)	Enter the percentage of usage between December through February, March through May, June through August, and September through November. The range of acceptable percentages is between 0 and 25.
6	Solvent evaporation emissions at this source vented directly to:	Indicate by the checking the applicable box, whether the source is vented to the atmosphere (not through a stack), sources, abatement devices, or emission points.
7	Net solvent usage for 12-month period (gals)	Enter the maximum, annual net solvent usage that the applicant would be willing to accept as a usage limit.
8	Solvent used most: Trade name	Enter the name of the solvent, which is used most.
	% of total used	Enter percentage of solvent in the total.
9	Solvent used 2nd most: Trade name	Enter the name of the solvent, which is used 2nd most.
	% of total 2nd used	Enter percentage of solvent in the total.
8a	Material Code	Enter material code for solvent most. District use only.
	Density (lb/gal)	Enter density of solvent used most. District use only.
9a	Material Code	Enter material code for solvent used 2nd most. District use only.
	Density (lb/gal)	Enter density of solvent used 2nd most. District use only.
10	If this is a wipe cleaning operation, check box.	Check box, if it is a wipe cleaning operation and stop. The form is now complete, if this is a wipe cleaning operation.
11.	Container	
	Length (in)	Enter length of container.
	Width (in)	Enter width of container.
	Liquid volume (gal)	Enter liquid volume.

FORM SC	**Solvent Cleaning Operation**	This form should be completed for each solvent cleaning operation source. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page 1.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
	Freeboard height (in)	Enter freeboard height. Of open-top vapor degreasing tanks, the distance from the solvent vapor-air interface to the top of the degreaser tank. Of conveyorized degreasing tanks, the distance from the top of the solvent or solvent vapor-air interface to the bottom of the lowest opening in the degreaser tank. Of cold cleaning tanks, the distance from the top of the solvent or solvent drain to the top of the tank.
12	Freeboard ratio	Enter freeboard ratio = freeboard height/shorter of length or width
13	General information	Check either yes or no
14	Equipment type	Check box to indicate source type and go to the section that is indicated: Vapor Degreaser – go to Part A Conveyorized Degreaser – go to Part B Cold Cleaner – go to Part C
Part A Lines 15 through 19		Check either yes or no to the questions that apply.
Part B Lines 20 through 26		Check either yes or no to the questions that apply.
Part C Lines 27 through 29		Check either yes or no to the questions that apply.

FORM SS	**PRINTER MATERIAL USAGE INFORMATION**	This form should be completed for each printing source or grouping of printing sources. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of page.
DATA FORM FIELD		**SPECIFIC LINE INSTRUCTIONS**
TABLE		Complete the table to provide annual usage information on a facility-wide basis for each different type of materials used at the facility. Indicate whether ink and varnish usages are given in gallons or pounds. Submit a copy of the Material Safety Date Sheet (MSDS) for each material identified below. Be advised that these usage values will be included as material usage limits in permit conditions issued with your permit to operate. So, be sure that annual usage values include allowances for reasonable growth over the next few years.
Mixed fountain solution formulation		Enter the mixed foundation solution formulations for water: IPA: and fountain concentrate.

FORM T	**ORGANIC LIQUID EVAPORATION**	This form should be completed for each organic liquid storage tank. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of this form.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
1	Business Name	Enter name of business.
	Plant No.	Enter plant number, if known.
2	SIC No.	Enter Standard Industrial Code.
	Source No.	Enter source number. If this is a new source, the applicant may select a number of their choosing. If this is for a modification of an existing source, write in the assigned source number.
	Date of start-up (modification)	Enter date of start-up modification.
3	Name or Description	Enter name or description of source.
4	Code materials* in order of highest throughput	*See Material Code Reference List
5	Total throughput (all materials), last 12 months:	Enter the MAXIMUM total throughput proposed for this source tank.
6	Typical % of total annual usage (%)	Enter the percentage of usage between December through February, March through May, June through August, and September through November. The range of acceptable percentages is between 0 and 25.
7	Usage type	Indicate by checking the applicable box, whether the tank is used for a bulk plant (truck/rail car), bulk plant (marine), vehicle service station, aircraft/marine servicing, or other. If other, explain what "other" is.
8	How many nozzles/loading arms?	If applicable, indicate the number of nozzles/loading arms.
9	Make and model of nozzles/loading arms.	If applicable, indicate the make and model of the nozzles/loading arms.
10	Nozzle/arm loads tank by	If applicable, indicate by checking the applicable box, whether the nozzle/arms load the tank by splash fill, submerged fill, part splash, or part submerged.
11	Upon loading, vapor space in tank(s) is	Indicate by checking the applicable box, whether the vapor space in the tank is vented to the atmosphere or collected by nozzle/arm and sent to an abatement device. If sent to an abatement device, indicate the Abatement Device number.
12	Annual Average	Indicate the storage vapor pressure in psia or tank temperature in ^{o}F and Reid Vapor Pressure (psia).
13	Highest v.p. of all materials stored	Indicate highest vapor pressure in psia or high tank temperature in ^{o}F and Reid Vapor Pressure (psia).
14	Highest ^{o}API of all materials stored	Indicate highest ^{o}API of all materials stored.
15	Tank Type	Indicate by checking the applicable box, whether the tank is an underground, fixed roof, internal floating roof, floating roof, pressure, or other type. If other is checked, indicate what that other is.
16	Tank Volume	Indicate the volume of the tank in thousand gallons or thousand barrels (1 barrel = 42 gallons).
17	Tank Diameter	Indicate the tank diameter in feet.

FORM T	**ORGANIC LIQUID EVAPORATION**	This form should be completed for each organic liquid storage tank. Applicant should fill out the name of the person completing this form and date it at the blanks located on the bottom of this form.
LINE #	**DATA FORM FIELD**	**SPECIFIC LINE INSTRUCTIONS**
	Height or length	Indicate the tank height or length in feet.
	FIXED ROOF TANKS ONLY	Fill this section out only if the tank is a fixed roof tank..
18	Maximum fill rate	Indicate the maximum fill rate in gallons per hour or barrels per hour (1 barrel = 42 gallons).
19	Average height or vapor space	Indicate the average height or vapor space in feet.
	Highest head space reactivity	Indicate the highest head space reactivity.
20	Emissions vent to what source(s) and/or abatement devices(s)	If applicable, Indicate whether the emissions from the tank vent to another source or abatement device.
21	Do all gauging/sampling devices have gas-tight covers?	Indicate yes or no to this question.
22	Paint color	Indicate by checking the box, what color the tank is.
23	Paint condition	Indicate by checking the box, what condition the paint is in.
	FLOATING ROOF TANKS ONLY	Fill this section out only if the tank is a floating roof tank.
24	Shell Type	Indicate by checking, what the tank shell type is.
25	Seal Type	Indicate by checking, what the seal type is.
26	Maximum withdrawn rate	Indicate the maximum withdrawal rate in gallons per hour or barrels per hour (1 barrel = 42 gallons).
27	Do all gauging/sampling devices enter below liquid level and have gas-tight covers?	Indicate yes or no to this question.
28	Roof type	Indicate by checking, what the roof type of the tank is.
	Is emergency roof drain at least 90% covered?	Indicate yes or no to this question.